1. PLACE OF DEATH A	-CERTIFICATE OF DEATH
county of Narland	A Registration Dist. No.
Village or City Laure . The Strace	Nauspetal St., N
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	os. 10.05. How long in U. S. If of foreign birth?yrsmos
2. FULL NAME CHEROLOGY CHEROL	Claury U. S. Veteran, specify WAR
(a) Residence: No. Alfordunglow, Med	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR WOORCED (wrighthe word)	alecember 12 102/
Sa If married widowad or disposed	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased
W - 120d	Alle 2 ,1937, to alee 12 ,195
6. DATE OF BIRTH (month, day, and year) / WW V , /8/8	I last saw here alive on alle 12 , 1937; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:10 Am.
59 9 7 1 day,hr	wars as follows: Or DEATH end triated causes of importance
Z 8. Trade, profession, or particular	Date of c
kind of work done, as SPINNER, Arbluler	- Carone (Kyynus)
9. Industry or business in which work was done, as SILK MILL,	Fred hutra - Older Andrea
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this ceruation (month and account in this per	Men men mine
this occupation (month end spent in this occupation year)	Heyr Caulitis.
	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	- Jugaruman
13. NAME Millow Mesauder	MAN DIE OF PLAN
E	Name of operation Date of Date
(State or country)	Name of opporations Date of Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME / RATES Pias	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Herford Minorial Haspita	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Stane de Fraix. That	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mullen Clm. Date Alle, 13, 195	7. Nature of injury
19. UNDERTAKER A S. & Sailey.	24. Wes disease or injury in any wey related to occupation of deceesed?
(Address) horting to h	If so, specify
20, FILED Deal 12 1937 Charles & John Mil	(Signed) (Signed)
COLUMN LAND LAND LAND LAND LAND LAND LAND LAN	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JAN 5 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

MINLY, W

WRITE

N. B.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

CTATE OF MADY AND	CENTIFICATE OF DEATH
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(alom)
Counte Harford	Registration Dist. No. 18
Village or City Marrede Beace	No. Stasseita St., Ward
Length of residence in city or town where death occurred \$2 yrs. / mos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
2. FULL NAME Clongo Filmor	(Inderes
(a) Residence; No Have de Brace 1116.	REO HIDE
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Thirte Divorced (write the word)	21. DATE OF DEATH OCC. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) MJFE-of-	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hou. 5, 1855	I last saw harman elive on a Dec 18, 19 7; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	me of Brooking
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
10. Date deceased last worked at this occupation (month and the year) spent in this occupation this occupation this occupation to the year)	
Nov 1 1 C	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME George anderson	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary 6 leg. There	23. If death was due to external causes (VIOLENCE) fill in also the following://
15. MAIDEN NAME / Ary 6 leg. / Lee ~ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Club Oate of Injury 12/8, 1937
(State or country)	Where did injury occur? Sublice High way History (Specify city of town, county and State)
17. INFORMANY / R Millard E. Chidereoco (Address) Favre de Sean Md. 1770	Specify whether injury occurred in (NOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Lilya Class Pace, 11, 193)	Manner of injury allownshile, a cadeuf
19. UNDERTAKER Madeson Milchel	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEL 10, 19 D. Charles J. Joley That	(Signed) Allott Welling Coffee M. O.
Registrar. If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	20.
Gallstones	May 1,1923	Gastroenteritis SC 2	1 year
		REAL	1937

WITH CNFADING INK—THIS IS A PERMANENT REC

•	County Harlord	182
	12 0 7:	Registration Dist. No. 10
	Village or City RGC (III)	No. St., W. f death occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of residance in city or town where death occurred yrsmos	s. 1.8ds. How long in U.S. If of foreign birth?yrsmos
2	FULL NAME Fawrence Coyle	If U. S. Veteran, specify WAR
	(a) Residence: No. Thomas	St.,Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5		21. DATE OF DEATH
7	nales White OR DIVORCED (write the word)	Dec 3 193 7
5e.	If marriad, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF Mrs. Lula B. Boyle	22. I HEREBY CERTIFY, That I attanded decaasad f Doc 2 1937, to Dec 9 193
6. I	DATE OF BIRTH (month, day, and year) (144. 15, 1879	I last saw h. 200 aliva on Dec 3 ,1937; death is
7. A	AGE Yeers Months Days If LESS than	to have occurred on the date steted abova, atAm.
	58 3 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2	8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebraf Shrombosis Dec 2
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,	Hempagal, who we
	SAW MILL, BANK, etc.	
8	10. Date deceased last worked at this occupation (month end yeer)	
12	BIRTHPLACE (city or town) Philadelphia	Other Contributory Causes of Importence:
	(State or country) Jenna.	Ruberteneire C.VI disease 192
HER	13. NAME Vither Boyle	Albuminura 192
FAT	14. BIRTHPLACE (city or town) Meland	Name of operation Dete of Dete of
	(Stata or country)	What test confirmed diagnosis? Llismask Was there en autopsy?
HER	15. MAIDEN NAME / hay McKenna	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city or town) Welland (Stata or country)	Accident, suicide, or homicide?, 19
	M. A. A. A.	Where dld injury occur? (Specify city or town, county and State)
17.	(Addrass) Bel air Voll	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL PREMATION OF BEMOVA Compley	Menner of injury
	Place 1 Hubliton pole Dec 6 , 1987	- Nature of injury
19.	UNDERTAKER Dean & Josles (Addrass) Bel an mod	24. Was disease or injury in any way related to occupation of deccased?
20.	FILED Dice 5-, 197/11 Richardson Registrar.	(Signad) Gerald C. Palmeri (Address) Bal Air Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	loju	stat	IPA	
	f ii	P	CC	
	0 m	non	00	
	-WRITE-PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	anation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13039
1. PLACE OF DEATH	202m
County Harland 3 1	Registration Dist. No. / 8 0
Village or City / Van Dubber	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or two wheels death occurredyrsmos.	
2. FULL NAME / LUL / . NUAPUR	If U.S. Veteran specify WAR.
(a) Residence: No. 3705/300000000 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET. 4. COLDE R RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the food)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divorcid . HUSBAND of	
(or) WIFE of Will Y. Warri	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 1-1880	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
57 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	accidental death
	By B+O Frain
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Sebrae Cavas 14. BIRTHPLACE (city or town) Mary Country Carate Or country Country Carate Or Country	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Office Harderty 16. BIRTHPLACE (city or town) (State-or country) 17. INFORMANT 18. MAIOEN NAME (State-or country) 17. INFORMANT M. Allice G. Maryes	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place AND LIGHT DATE NUC., (2-, 19-3)	Manner of injury
19. UNDERTAKER HOTALL HI Durgel (Address) 3631 Fralls Rogad	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEDO Que 4, 19.37 6 mily I Ships les	(Signed) Landers Corango.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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 10.—The month and year the deceased last worked at the occupation.
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis /	3 days ago
		137	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BA	PHYSICIAN

PHYSICIANS should state JRD. Every item of infor-OCCUPA-Jo Exact statement A PERMANENT RE AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may TION avery important. See instructions on back ation should be carefully supplied. WRITE PD

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	WAS 13040
County Harford	Registration Dist. No. 182
	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leona Benson I	eeta
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Foliate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) manner	21. DATE OF DEATH Dec 15 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Helson & Deets	22. I HEREBY CERTIFY. That I attended deceased from July 2/ 1937, to Dec 15 , 1937.
6. DATE OF BIRTH (month, day, and year) Jesley 14 1893 7. AGE Years Months Days If LESS than 1 day,	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	Carring Panaras Date of onset Tuly 1935
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end 11. Total time (years) spant in this	weth intesting abstruction Pass (0193
12. BIRTHPLACE (city or town) General (State or country) Hunford Co 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dther Contributory Causes of importance:
13. NAME David 1 Benan	
13. NAME David / Ldenson 14. BIRTHPLACE (city or town) Bagley (State or country) Further wo me	Name of operation Explanation Date of Dec 2.1936
15. MAIDEN NAME anna Remolds	What test confirmed diagnosis? Operation Was there an au'opsy? No.
15. MAIDEN NAME Consider Responded 16. BIRTHPLACE (city or town) Men Grace (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?
17. INFORMANT Welson & Deeto (Address) Benson med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Le folia triends meding to Date Dec 18, 1937	Manner of injury
19. UNDERTAKER Strutget of the (Address) Janethavelle med.	24. Was disease or injury in eny way related to occupation of deceased? No
20. FILED DE 1991 Registrar. Registrar.	(Signed) Fla House M. D. (Address) Edgewood me.

STATE OF MADVI AND—CEPTIFICATE OF DEATH

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

nation should be carefully supplied.

-WRITE PLA

TION is very important.

See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH,	161-F)
County Harford	Registration Dist. No. 182
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. ' If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Surite tha word) Musle 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Surite tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet f ettended deceased from 13, 1932, to Dec 16, 1937.
6. DATE OF BIRTH (month, day, and year) Sec 13-1937 7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	t last saw have alive on
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacaasad last worked et this occupetion (month and spent in this	adelines Mestrolnum Dery
12. BIRTHPLACE (city or town) Organical (State or country) Handrad Con March	Othar Contributory Causes of importance:
13. NAME Goods Self	
14. BIRTHPLACE (city or town) Sheeth (State or country)	Nama of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) R. C. L. Hard R. S.	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place MAT Zissan Dete Date 17, 19.3.7	Menner of Injury
19. UNDERTAKER Beau V Follow (Address) Bellow mod 20. FILEO Duc/7, 19,77 M & Registrar. Registrar.	24. Was diseese or Injury in any wey related to occupation of deceased? If so, spacify (Signed) WILDAM P. Augustus M. D. (Address) The Management of the Company of the

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(Section 1) V. Section 1			
E authorization de la faction			
Other contributory causes of importance:		Other contributory causes of importance:	HE N.L.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARVI	AND-	CERTIFI	CATE	OF	DEATH
SIMIC	UL	MARIL	AND	CEKIILI	CAIL	UL	DEALH

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1	U	U	4	4

(If death occurred in a horpital or institution, give its NAME instead of street and number) 2. FULL NAME M JOHN LEAD St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE BY AND STATISTICAL PARTICULARS S. SINGLE MARRIED, WILDOWED, OR DIVDREED (emyer the word) St. If married, widowed, or divorced (w) wife of 12 by 14 by 15 by 16	. PLACE OF DEATH	(101)	
Clidesth occurred in a horpital or institution, give its NAME instead of street and number) 2. FULL NAME M. JOHN KETT Duckson (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (emyte the word) 5. SINGER Months OR DIVORCED (emyte the word) 5. If married, widowed, or divorced Hussand or (word) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day. Are. STrada, profession, or particular B. Trada, profession, or particular S. Trada, profession, or pa	County Harry	Registration Dist. No. 180	
Length of residence in city or town where death occurred. 2. FULL NAME. (a) Residence: No. (b) John Kerr December 1 (C) John Kerr December 2 (C) John Kerr December 3 (C) John Melling And State 1 (E) John Melling And State 1 (Month) (Day) (Ves 2) (Month) (Day) (Ves 2) (Month) (Day) (Ves 2) (John John John John John John John John			Ward
2. FULL NAME MARCE JOHN KERDUCKSON (a) Residence: No. John Kerz Bockson (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX J. COLOR OR RACE S. S. SINGLE, MARKIED, WIDOWED, OR DIVORCED ("write the word) Sa. II married, widowed, or divorced ("or) Wife of "S. S. II married, widowed, or divorced (or) Wife of "S. Trade, profession, or particular ("s. J.			
(a) Residence: No. June 1887 December 1988 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE PRINCIPAL CERTIFICATE OF DEATH S. SINGLE, MARRIED, MAD OF Months, day, end year) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 8. Trada, profession, or particular kind of work done, as SPINNER, SAWIER, BOOKKEPER, etc. S. SINGLE PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trada, profession, or particular kind of work done, as SPINNER, SAWIER, BOOKKEPER, etc. S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Mar. 193) 12. BIRTHPLACE (city or town) Churchelle, Mal. (State or country) 13. NAME PANIL MARRIED ALLES OF DEATH and related causes of importance: What test confirmed diagnosis? Church Mass there an autopsy? What test confirmed diagnosis? Church Was there an autopsy? What test confirmed diagnosis? Church Was there an autopsy? 23. If death was due to extend diagnosis? Church Was there an autopsy? What test confirmed diagnosis? Church Was there an autopsy? 24. Date of DEATH Country December 1930 (Part of town) Churchelle, Mal. State or country) What test confirmed diagnosis? Church Was there an autopsy? 25. If death was due to extend causes (VIOLENCE) fill in also the following: Accident, suited, or homicide? Other Country Once of injury occur?	T KERR D LA	mong in 0.5. it of folega mith:yismos	03.
Color or RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of S. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) S. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) S. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. S. SINCLE, MARRIED, WIDOWED. OR DIVORCED (write the word) S. Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. S. SINCLE, MILL, SAW MILL	July KEEZ Decisary		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while word) 6. DATE OF DEATH 6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 9. 16 S. Frads, profession, or particular ind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individually of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Individually or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and Nov. 1937) 11. Total time (years) this occupation (month and Nov. 1937) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Plane Year 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. SAW LER SAW	(a) residence. No.		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DLYRCED (write the word)			te
Sa. If married, widowed, or divorced HUSSAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than to have courred on the data stated above, at 3:15 p.m. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Darmen SAYER, BOOKKEPER, etc. Darmen SAYER, BOOKKEPER, etc. Darmen Sayer as follows: 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Mov. 193) 11. Total tims (years) spent in this occupation (month and Mov. 193) 12. BIRTHPLACE (city or town). Churchurlle, Mile (State or country) 15. MAIDEN NAME Hand Many Year 16. BIRTHPLACE (city or town). Part Reposit, Mile (State or country) 16. BIRTHPLACE (city or town). Learner Many Sayer 17. AGE Years Months Deposit, Mile (State or country) 18. BIRTHPLACE (city or town). Part Reposit, Mile (State or country) 18. MAIDEN NAME Hang Year 19. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 19. Learner of the data stated above, at 3:15 p.m. 10. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 19. Learner of the data stated above, at 3:15 p.m. 10. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 19. Learner of the data stated above, at 3:15 p.m. 10. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 10. Date deceased last worked at the continual profession, or particular were as follows: 12. BIRTHPLACE (city or town). Churchurlle, Mile (State or country) 13. NAME Were did injury occur? 14. BIRTHPLACE (city or town). Part Reposit, Mile (State or country) 15. MAIDEN NAME Hang (State or country) 16. BIRTHPLACE (city or town). Part Negative Mile (State or country) 17. AGE Years All of the cause of importance was diversed in part and related causes of importance was a follows: 18. Learner of the data stated above, at 3:15 p.m. 19. The PRINCIPAL CAUSE OF DEATH end relat			
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HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than I day, hrs. I have occurred on the data stated above, at 3:15 pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: ANYTHER, BOOKKEEPER, etc. 3. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Nov. 1937) spent in this occupation (month and Nov. 1937) spent in this occupation (month and Nov. 1937) 11. Total time (years) spent in this occupation (month and Nov. 1937) 12. BIRTHPLACE (city or town) Churchielle, Male (State or country) 13. NAME A avid M. Dickson 14. BIRTHPLACE (city or town) Other Contributory Causes of importance: Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Other doinging occur?	If married, widowed, or divorced	(Month) (Oay)	(Year)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Q Q R If LESS than I day, hrs. ormin. B R R R R R R R R R R R R	HUSBAND of	22. I HEREBY CERTIFY, That I attended dec	eased from
T. AGE Years Months Deys If LESS than 1 day, hrs. or min. B. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Nov. 193) spent in this occupation (month and Nov. 193) spent in this occupation (State or country) T. BIRTHPLACE (city or town) Churchielle, Mrs. (State or country) Manuel Ma	0 1	12-2- ,1937, to 12-6	, 19.3.7
8. Trada, profession, or particular kind of work done, as SPINNER, granner kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Nov. 193) spent in this year) 12. BIRTHPLACE (city or town). Churchville, Ms. (State or country) 13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town). Port Deposit, Ms. (State or country) 15. MAIDEN NAME Planey Kerr 16. BIRTHPLACE (city or town). Denville, Ms. (State or country) 16. BIRTHPLACE (city or town). Denville, Ms. (State or country) 17. Maiden Name Planey Kerr 18. Trada, profession, or particular were as follows: Accident, suicide, or homicide? Oate of injury. 19. More did injury occur?		I last saw h_Lass_ alive on 12-6-37 ,19 ;d	eath is seld
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as IK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Nov. 193) spent in this year) 12. BIRTHPLACE (city or town) Churchville, Mak, (State or country) 13. NAME Paris M. Deikson 14. BIRTHPLACE (city or town) Port Deposit, Mak, (State or country) 15. MAIDEN NAME Maney Kow 16. BIRTHPLACE (city or town) Alexandral Country) 16. BIRTHPLACE (city or town) Alexandral Country) 17. MAIDEN NAME Maney Kow 18. Trada, profession, or particular were as follows: Archive as follows: Archiv			
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12. BIRTHPLACE (city or town) Churchville, Mrs. (State or country) 13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town) Port Deposit, Mrs. (State or country) 15. MAIDEN NAME Many Kerr 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury, 19. Where did injury occur?	8. Trada, profession, or particular	artenal Eclerolic heart disease	Leon
12. BIRTHPLACE (city or town) Churchville, Mrs. (State or country) 13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town) Port Deposit, Mrs. (State or country) 15. MAIDEN NAME Many Kerr 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury, 19. Where did injury occur?		Chrone nephritis	care
12. BIRTHPLACE (city or town) Churchville, Mrs. (State or country) 13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town) Port Deposit, Mrs. (State or country) 15. MAIDEN NAME Many Kerr 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury, 19. Where did injury occur?	9. Industry or business in which work was done, as SILK MILL,	Placeral effusion and Brockmones	tweets
12. BIRTHPLACE (city or town) Churchville, Mrs. (State or country) 13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town) Port Deposit, Mrs. (State or country) 15. MAIDEN NAME Many Kerr 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) 16. BIRTHPLACE (city or town) Serville, Mrs. (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury, 19. Where did injury occur?			
12. BIRTHPLACE (city or town) Churchville, Mil. (State or country) 13. NAME David M. Dickson 14. BIRTHPLACE (city or town) Port Deposit, Mil. (State or country) 15. MAIDEN NAME Many Kerr 16. BIRTHPLACE (city or town) Serville, Mil. (State or country) 16. BIRTHPLACE (city or town) Serville, Mil. (State or country) What test confirmed diagnosis? Clinical Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury 19. Where did injury occur?	this occupation (month and 1 2 spent in this / 2		
(State or country) 13. NAME David M. Dickson 14. BIRTHPLACE (city or town). Port Deposit, Mr. What test confirmed diagnosis? Clinic Was there an autopsy? 15. MAIDEN NAME Mancy Xerr 16. BIRTHPLACE (city or town). Service of the confirmed diagnosis? Clinic Was there an autopsy? 16. BIRTHPLACE (city or town). Service of the confirmed diagnosis? Ode of injury. 19. (State or country) Where did injury occur?	1 1 illa One li	Other Contributory Causes of importance:	
13. NAME Pavid M. Dickson 14. BIRTHPLACE (city or town). Port Deposit, Mr. What test confirmed diegnosis? Climic Was there an autopsy? 15. MAIDEN NAME Plancy Kerr 16. BIRTHPLACE (city or town). Slenville, Mr. (State or country) What test confirmed diegnosis? Climic Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Oate of injury, 19. Where did injury occur?			
State of country 15. MAIDEN NAME	1 .10 0 .1		
State of country 15. MAIDEN NAME	D. + D	Taki Plana Octori	
15. MAIDEN NAME NAME NAME NAME NAME NAME NAME NA			~5-31
Where did injury occur?	A. 0./		psy?
Where did injury occur?	140 - 11 - 0. 1	Company of the compan	
where are injury occur.			., 19
(Specify city or town, county and State)	Ol O B D - A	(Specify city or town, county and State)	
17. INFORMANT Charles C. Olikan Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Golden M. Charles C. Olikan Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	•
18 RIDIAL CREMATION OF REMOVAL			
Place abon adm. Mr. note Bee. 9 10 82 Manner of injury	al all all all all all all all all all		
all la	911 19 1	20	
19. UNDERTAKER Howard Mc Compa from 24. Was disease or injury in eny way related to occupation of deceased? No		2 in this disease of injury in only way related to occupation of deceased?	
The state of the s	(Mulless) awingdon, ma.	The 1 14 - JOHN	
20. FILED Nec. 6, 1937 a muy m Shipley (Signed)	the state of the s	(Signed)	M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1.4	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chamin interestitial manherities	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1998	July 5, 1927	Peritonitis	3 days ago	
BURNAU Y. S	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1/2	

B. VRITE PL.

V. S. No. 1

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harrond	Registration Dist. No. 180
Village or City ahui adow mel.	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Luna) May Wulan	4 If U. S. Veteran, specify WAR
(a) Residence: No. abuigdon, mel-	T.St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Wil Melulany.	July 17 1935 to Date 16 1930
6. DATE OF BIRTH (month, day, and year) act. 20, 1869	I last saw h.enalive on _Dec 14, 19.3); death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 n.
/ (1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and business)	lung with left remathres 11-27-37
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	The underlying lesion was a cancel
10. Date deceased last worked at this occupation (month and spent in this spent in this	Concer of the Lungs Quito
year) 934 occupation of	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Hyperlenning Heart disease some year
(State or country) Toquada '	
II 13. NAME a. white	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Thoracentesis Date of 12-19-37
(State or country) (Cugling)	What test confirmed diagnosis? X-Ray Cliner Was there an autopsy? 12
15. MAIDEN NAME LUNGSTOWN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State or country) Cavala	Where did Injury occur?
17. INFORMANT Way Zn Duly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Class Olar Will	The state of the s
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plecedoudou Park Date Mec. 18,93	Nature of Injury
19 11	24. Was disease or Injury In any way related to occupation of deceased? 20
19. UNDERTAKER TO ALGULA CARACTER (Addiess)	If so, specify
0 4 27 5 00 01 0	(Signed) Ted O'Hodows M.D.
20. FILED Nec 16 , 1931 Strugg Strugg Registrar.	(Address) Elgeword md.
7 7 7 000	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 yeor
or further	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July5,1927 May 1,1928	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1, 1923 Gastroenteritis OR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

Registrar.

(Signed)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 114 10 12 Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

AD. Every item of infor-

Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

N. B.-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13045
1. PLACE OF DEATH	
County Harford Cour	Registration Dist. No. 182
Village or City Chranty Hame	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca In city or town where death occurredyrs,mos.	
18 000 0. 0.	01-11
2. FULL NAME Large Terling Dr	S. Veteran, specify WAR
(a) Residence: No. Collection Hard (Usual place of abode)	//St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Secure white OR DIVORCED (write the word)	(Month) (Day) (fear)
5a. If marriad, widowad, or divorced HUSBAND of (or) WiFE of (or) WiFE of	22. I HEREBY CERTIFY, That i attended deceased from Nov 80 193) to Dec 6 1937
6. DATE OF BIRTH (month, dey, and year) 1842	i last saw has alive on Dec 3, 1937; death is said
7. AGE Yaars Months Deys If LESS than I dayhrs.	to have occurred on the dete stated abova, etm. The PRINCIPAL CAUSE OF DEATH end related causas of importance
93 ormln.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.	cretical demonlique 11/30/37
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
D. Date deceased last worked at this occupation (month and spant in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Harford lev	Dithar Contributory Causes of importance:
(State or country)	
13. NAME Wichards Singleton	
13. NAME Acharda Singleton 14. BIRTHPLACE (city or town) Ireland	Name of operation Date of
(Stata or country)	What test confirmed diegnosis? Wes thara an eu'opsy?
16. BIRTHPLACE (city or town) Conformal	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Dete of injury, 19
∑ (State or country)	Whera did injury occur?
17. INFORMANT Celeveland Graffith (Address) Reland Graffith	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Cellestrut Hell Date Dec 1 , 1937	Nature of Injury
19. UNDERTAKER Deargy Loster	24. Was disease or injury in any way related to occupation of deceased?
20. FILED D. C. 8 , 1937 V. E. Chambers	If so, specify (Signad) Wellard P. Hudson M. D.
Registrar.	(Address) - forest Will, Made

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- JAN 4 1938	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUNG	July 5,1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 13040
1	County Aarlord	Registration Dist. No. / 8/
iten sho		NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
AD. Every PHYSICIANS ict statement	2. FULL NAME Elizabeth Curtis Erra	if U. S. Veteran, specify WARst.,ward.
ct s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
T RE, Y. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T I classified.	5a. If married, widowad, or divorced WUSBAND of (or) WIFE of Frederich E. Livet	22. I HEREBY CERTIFY, That I attended deceased from
IS A PERM stated EX properly clast	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days, If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
HIS be of	- 8 Trada, profession, or particular	Deta of hondoses Data of one of
INK—T should t it may on back	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaased last worked at this occupation (month and spent in this spent in this	
DING AGE so that uctions	this occupation (month and 19-12 spent in this so year) 12. BIRTHPLACE (city or town)	Other Camtributory Causes of Importance:
INFA upplied terms, instri	W 13. NAME Server 1 - Prenter	
y sul	14. BIRTHPLACE (city or town) (Stata or country) Targuna	Name of operation. Ex flex death Data of
W win in and	15. MAIDEN NAME Elizabeth Sayne 16. BIRTHPLACE (city or town) (State or country) Veraccia	23. If daath was dua to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
3-pt. LY, should be can OF DEATH very import	17. INFORMANT MAS. Claude L. System (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E S E	18. BURIAL, CREMATION, OR REMOVAL Place Surve Committeey Date Pille: 12:, 1937	Mannar of Injury
CAUS	19. UNDERTAKER SENNY JOHNSON JOSEPH MAG	24. Was disease or Injury In any way related to occupation of deceased? 200 If so, specify
Z	20. FILED DEC 11, 1834 ON Michael	(Signed) Clear M. D. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		ULLUI .	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

Placa Arlington, Va. Date Dec

19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.

20. FILED Dec 19 1937 & mily M

t7. INFORMANT

should state

	CERTIFICATE OF DEATH 13047			
1. PLACE OF DEATH	957			
county Harford	Registration Dist. No. 180			
Village or City A Berdeen Prov. Ground	No. None St., Ward			
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?			
2. FULL NAME Alston Hamilton	If U. S. Veteran, specify WAR Spanish - American			
(a) Residence: No. Guarters # 71-5 St., — Ward. — *World Wars. (Usual place of abode) If nonresident give give r town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) VICLOWED!	21. DATE OF DEATH DEC ember 18 (Month) (Day) (Year)			
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Thomas Creek 6. DATE OF BIRTH (month, day, end year) Oct 20, 187	22. I HEREBY CERTIFY. That I atlended deceased from December 18, 1037, to December 18, 1937. I last saw h. L.M. allve on December 18, 1937; death is said			
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5:50 Pem.			
66 / 28 t day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
J. R. Trade profession or particular	Coronary Occhusion 12-18-37			
kind of work done, as SPINNER, Army Officer (religies a Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and experiments) this occupation (month and experiments)	Vas Eular disease About 1928			
10. Data deceased last worked at this occupation (month and particular) spent in this occupation 4.6				
12. BIRTHPLACE (city or town) Ox Ford N.C., (Stata or country)	Other Contributary Causes of Importanca:			
# 13. NAME Robert Hamilton				
t3. NAME Robort Hamilton t4. BIRTHPLACE (cily or town) Oxford (Stata or country) N.C.	Name of operation \(\int \O \tau \cdot \) \(\int \tau \tau \) \(\int \tau \tau \tau \tau \tau \tau \tau \ta			
IS. MAIDEN NAME Kate Eather Vanable.	23. If death was dua to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Kate Eaton Vanable. 16. BIRTHPLACE (city or town) Oxford (State or country) V.C.	Accident, suicide, or homicide?			

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

O Registrar.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
ME WE'AU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Haracon Comments of the Commen				
			-1	

JAD. Every item of infor-

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

(Address)

SAUSE OF DEATH in plain terms, so that it may be

nation should be carefully supplied.

WRITE PL

ż

V. S. No. 1

Exact statement of OCCUPA.

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	13045	
1. PLACE OF	DEATH			0	
County Ha	enforce		Registration Dist. No.	2,	
Village or City_	Elmsch		NoSt.,	Ward	
Length of residence	es in city or town where d		f death occurred in a hospital or institution, give its NAME instead of street and n		
2. FULL NAME	Wa Be	Th 11 0	If U. S. Veteran, specify WAR	,	
(a) Residence:	No	(Usual place of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL	AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write tha word)	21. DATE OF DEATH Sec 30 (Month) (Day)	, 193. 7	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Makel P. Patterson			22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (mon	nth, day, and year)	my 17-1861	last saw h L'm alive on Dec 30 1937	; death is said	
7. AGE Yaars	Months	Days If LESS than	to have occurred on the data statad above, at 9		
76	. 11	/3 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trada, profession kind of work SAWYER, BDI	dona, as SPINNER, DKKEEPER, etc.	andr	Coronary asterio-scherosis	-WHOWK	
9. Industry or busin		0			
1D. Data deceased la	nst workad et on (month end	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or (Stata or country)		inlle	Dther Coatributory Causes of Importanca:	Dec.30	
13. NAME Da	vid Har	lan			
14. BIRTHPLACE (cit		fordler	What test confirmed diagnosible the cardingeral	Massy No	
15. MAIDEN NAME	Margare	* Herbert	23. If death was due to external causas (VIDLENCE) fill in elso the following		
16. BIRTHPLACE (city or town) Columbially (State or country)			Accident, suicide, or homicida?		
17. INFORMANT Car (Address)	ul B Han	lan	Where did injury occur? (Specify city or town, county and State Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	e) ACE,	
18. BURIAL, CREMATION,	, DR REMDVAL	u ma	Manner of Injury	******	
Placa Spl	outra ma	Date Jany 1 -, 1938	Nature of injury		
19. UNDERTAKER	Secur J Jo	lis	24. Was disease or injury in any way related to occupation of deceesed?		

Registrar.

If so, specify

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 1238	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	infor-
	of
	item
1	Every
	RECORD.
DINDING	3 INK-THIS IS A PERMANENT RECORD. Every item of infor-
4	V
4	IS
תידו אין	THIS-
THE CO	INK-
SUCINITIES IN LOW PLANT PRINTING	UNFADING

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. be properly classified. certificate.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	3	U	4	IJ	

1. PLACE OF DEATH	./	<u> </u>
County town	"	Registration Dist. No. / 8 D
Village or City John	(1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town whera		s ds. How long in U. S. if of foreign birth?
2. FULL NAME Balm (a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, Thet ettended deceased fro
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months 8. Treda, profession, or particular kind of work dona, es SPINNER, SAWYER, BDOKKEFPER, etc.	Deys If LESS than 1 day,	I lest sew h elive on 19 death is sa to have occurred on the deta steted ebove, et 2 P.m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows: Date of once
NO Control of Market and Control of Market a	11. Total time (years) spant in this occupetion	
12. BIRTHPLACE (city or town)	ond.	Other Contributory Causes of importance: Jype I Preumonia in
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Conrad C. Krell, (Address) Joppa, Md.		Name of operation Dete of What test confirmed diagnosis? Classical Was there en eutopsy? To
		23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?
		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece St. Stephens, Date Dec 6 19 37		Manner of injury
19. UNDERTAKER HOWard K. McC (Address) Abingdon, Md	omas,	24. Wes disease or injury in eny wey related to occupetion of deceesad? No
20. FILED. Q. Q. S 19.37 67	only of Shipley	(Signed) Led OHOAPUS M. (Address) Edglwood md:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Atlack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 13050	
state UPA-	1. PLACE OF DEATH	(27-0)	
ould occu	county Hartard Co	Registration Dist. No. 182	
item of should of OCC	Village or City Near 13e) AIr Md	NoSt.,War death occurred in a hospital or institution, give its NAME instead of street and number)	
. 70		death occurred in a notpital of institution, give its IVAIVIC instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd.	
Every CIANS tement	2. FULL NAME Sarah ANX Lagax	(If U. S. Veteran, specify WAR	
SIC ate	(a) Residence: No. Near Bu Air Md	St. Ward.	
PHYSIC pet stat	(Usual placed of abode)	If nonresident give city or town and State	
P) Raci	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ENT RECOUNT LY. PHICE.	3. SEX Tenal 4. COLOR OR RACE OR DIVORCED (write tha word) Marrie S	21. DATE OF DEATH (Month) (Day) (Year)	
A C Ssif	5a. If marriad, widowad, or divorced HUSBAND of John S Lagan	1 HEREBY CERTIFY, Thet I attended deceased fro	
	6. DATE OF BIRTH (month, day, and year) To N 4 3 - 1939	I last saw h aliva on 19; death is sa	
A	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at Linkson. m.	
IS A I stated properly	76 10 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
HIS I be s be p of ce	8. Trade, profassion, or particular kind of work dona, es SPINNER, House Duties	alsoblexy	
ould may back			
Part part	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		
E 40	this occupation (month and spent in this occupation		
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Church aile	Other Contributory Causes of Importence:	
AD)	(State or country) Hatterd Cond		
Supplied n terms, ee instr	13. NAME JOSEPA JEFFY		
2 4 8	14. BIRTHPLACE (city or town) Bucks Co	Name of operation Oete of	
E A E	(State of country)	What test confirmed diagnosis? One fuelure Was there an autopsy?/	
LLY, WITH be carefully EATH in plain important.	15. MAIOEN NAME & J. + h LIVE STATE 16. BIRTHPLACE (city or town) Harter Co. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
ca TH Poor	16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide?	
	17. INFORMANT Mrs Paul Caix (Address) Beldin Md		
	18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
	Plece frandship Oate Dec 4,1937	Neture of injury	
E A a Z	19. UNDERTAKER Dean & Loster	24. Was disease or injury in any way related to occupation of decaased?	
TEOF	(Address) Bel Cun mol	If so, spacify	
- (~)	20, FILED Dec. 2, 1937 Virginia Chambers	(Signed) Was 11 equal work M.	
2	Registrar.	(Address) Jee Cert Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car	1 week ago 3 days ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis		
10A 4 1938				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
· ·				
			I	

PHYSICIANS should state AD. Every item of infor-

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

CWATTE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13051
1. PLACE OF DEATH	82-20
County Harford Com	Registration Dist. No. / 8 2
Village or City Harfor for Harm	No. St., Ward
Length of rasidenca In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James a Jaring	If U. S. Veteran, specify WAR
(a) Residence: No. Her for the Helice (Usual place of abode)	St., Ward. Shufard Co. Md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mers and Webster (or) WIFE of Mers and Webster	22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1937 to Dec 25 1937
6. DATE OF BIRTH (month, day, and year) Sest 7-1861	I last saw h alive on, 19; death is sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated abova, at 10.4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Cerebrol hemoriloge Date of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10 Date decesed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Boston (State or country) Mass	Other Contributory Causes of Importance:
13. NAME John Losens	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country)	Nema of operation
	What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary Sate 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did injury occur?
17. INFORMANT Segle Felly mid	(Specify city or town, county and State) Specify whether injury occurred in LEDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cornerty Henry Date Dec 27 , 1937	Manner of Injury
19. UNDERTAKER Dean VIsla	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED DULI, 19 37 MC Richardson. Registrar.	(Signed) Willard W. Hildson M. D. (Address) Forest Will and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING mation should be carefully supplied. 6. WRITE PLAINLY, WITH

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13052
1. PLACE OF DEATH	95-2)
County Warguel	Registration Dist. No.
Village or City alderdeen M	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whera death opeurrad 20 yrs. mos	ds. How long in U.S. if of foraign birth?
2. FULL NAME JOSEPH ME CAUCE	ey If U. S. Veteran, specify WAR
(a) Residence: No. elevdenthy	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH See 29
There street waste	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. Ibat I ettanded deceased from
(or) WIFE of pure Milarley.	22. Det BEREBY CERTIFY, that I ettanded deceased from
6. DATE OF BIRTH (month, day, and yaer) Nov. 10, 18 70	I last saw h wing alive on how 1936 : death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, at 3 4 m.
67 0. 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 % Trade profession or particular	wera as follows:
SAWYER, BOOKKEEPER, atc.	deseale of Hear
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and this occupation (month and search in this search in the sea	
SAW MILL, BANK, etc.	
Spatt III this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 67 · Peruso	-
(State or country)	
13. NAME JOSPICE MILITARY SI.	*
13. NAME Joseph Milleridge St. 14. BIRTHPLACE (city or town) Cleridge	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Elleridge (State or country)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GLOGE W. NA. Carray	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5068. Wasen 51. Governed.	
18. BURIAL, CREMATION, OR RAMOVAL MO TO 16 31 37	Manner of injury
Place Clariff Date N. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Nature of Injury.
19. UNDERTAKER Vichald J. Jurley	24. Was disease or Injury In eny way related to occupation of deceased?
(Addrass) Balto. Ml.	If so, spacify
20. FILED 4) ec. 3 (, 1937 Q.C. Michael	(Signed) M,D.
Registra.	(Addrass) Culually,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1923	July 5,1927	Peritonitis	3 days ago	
PAREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WRITE PLANKY, WIT

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13053
1. PLACE OF DEATH County Harlard	Registration Dist. No. 185
Village or Cit Nagres de Grace	No. Warbetal St., Ward death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in erry or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No acre de Grand (Usual place of abode)	USL: Usederan, specify WAR LANGUAGE Sty. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Whenower	21. DATE OF DEATH See 29 , 193 7 (Month) (Days (Jean)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. hrs. or. min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spent in this	I last saw hour aliva on See 29, 1937; death is said to have occurred on the date stated above, at 1:301.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset
12. BIRTHPLACE (city or town) (State or country) 13. NAME (LLH auder) He reuse	Other Contributory Causes of importance:
13. NAME (CLEF ALL DES) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State of Country)	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy? [4]
15. MAIDEN NAME Sules Stauffer 16. BIRTHPLACE (city town) (Stete or country) 17. INFORMANT James de Green Bospital (Address) Hanse de Graen Bospital	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mit Claud Country Date Sec. 51, 195	Manner of Injury
19. UNDERTAKER Saving & Canta Co (Address) Friderick & Mad	24. Wes disease or Injury in any way related to occupation of deceased? If so, spacify
20. FILED Dec. 29, 1937 Charles J. Holey A. Roginson A.	(Signed) Han & Gruso Cuch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING	R. WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECEAD. Every item of infor-
be stated	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
be proper	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
of certifica	TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	9	La
County Harford	Registration Dist. No.	2
Village or city ady	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrsmo	osds. How long in U.S. If of foraign birth?yrsmos	ds.
2. FULL NAME allen E. Mumpous	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St.,Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH Dec. 36 (Month) (Day)	193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF Single	22. I HEREBY CERTIFY, That I attanded d	eceased from
6. DATE OF BIRTIF (month, day, and year) Oct. 23 1935	I last saw hor alive on Dec 85 1937.	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 9 18 Pm.	
2 2 8 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	0 1 1 1
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Whotopry bough	Ogto of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.		
10. Date decaesad last worked at this occupation (month end year) 11. Total tima (years) spant in this year)	- M	
12. BIRTHPLACE (city or town) Bristol, (State or country)	Other Contributory Causes of Importance: Precemonia	
13. NAME W. P. Mumb asses		
B - 1. + N		
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of	
15. MAIOEN NAME L. D. Monday	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) Johnson Co., (State or country)	Accident, suicide, or homicide? Data of Injury	
17. INFORMANT Mar of P. Mumponer (Address) At at m	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE,
18. BURIAL, CREMATION, OR-REMOVAL	Manner of Injury	
Place Emory um Data Jana, 1980	Neture of Injury	
19. UNDERTAKER A. B. Bailey (Address) Darlington Mid.	24. Was disease or Injury In any way related to occupation of deceased?	rd
20. FILED Pare 1, 19 38 Mc G. Kirk	(Signed) tohorles y barry (Address) Shar Pr. small	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
--	------------	-----------	---------	------------	----	----------

PHYSICIANS should state

stated EXACTLY.

AGE should be

be

certificate.

See instructions on back of

TAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

Exact statement of OCCUPA-

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13055
1. PLACE OF DEATH	(3))
County Narford,	Registration Dist. No. 185
Village or City Haure de Brace	No. Xacketal St., Ward
(If Length of residence in city or town-where death occurred vrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number)
4	
2. FULL NAME SULLIA PULSA	If U. S. Veteran, specify WAR
(a) Residence: No. 13el (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 1937
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days II LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at this occupation (month end yaar) 11. Total time (years) spent in this occupation	I HEREBY CERTIFY, That I attended dacasasd from 3,1937, to 20,1937 I last saw here alive on 20,1937; death is said to have occurred on the dete stated above, at 1:450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset Output Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country) [State or country]	Other Continuery Cases of Importance.
13. NAME Frank Melson	
13. NAME Frank Meland 14. BIRTHPLACE (city or town)	Nama of operation
15. MAIOEN NAME Wikusfun	23. If death was due to external causes (VIOLENCE) fill In elso the Iollowing:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Harrede Graff Harry Read	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	

Place Date Date 32, 193

19. UNDERTAKER A Bailus G

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

Registrar.

Natura of injury

(Signed) (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		93-0	
County Harford	4	Registration	Dist. No. 185
Village or City Dlaw	ede Grace.	No	St., V
Length of residence In city or town w		If death occurred in a hospital or institution, give its NAM sds. How long in U.S. If of foreign birth?	
20	ere death occurred 6 7 yrsmo		
2. FULL NAME Chys	hamoung to	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresiden	t give city or town and State
PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFICATI	E OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3 , 1937 (Dey) (Yee
5e. If married, widowed, or divorced	To and the same of	(Month)	(Dey) (Tee
(or) WIFE at Sprah	- French.	74.41 27 27	Y Thet I attended deceesed
7000	4 - 2 181 7	105 to	1987; deeth is
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Month	Deys II LESS then	to have occurred on the date stated above, at	
19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted cou	
8. Trede, prolession, or particular	ormin.	were as follows:	Date of
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	Borler.	Chrome musocas	detis 2.2
9. Industry or business in which work was done, as SILK MILL.		(1	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	+ 11 Total time (years)	-	
this occupetion (month and	11. Total time (years) spent in this occupation		
day	o do Hrace -	Other Contributory Causes of Importance:	
(Stete or country)	am Runtt	-	
is 13. NAME alfred	Pelaco -		
14. BIRTHPLACE (otto or town)	200 6 1.	Name of operation	Date of
(Stete or country)	lello, mi.	What test confirmed diegnosis?	
15. MAIDEN NAME Ling	in Dorsey.	23. If deeth was due to externel causes (VIOLENCE) i	fill in elso the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	D 1 11	Accident, suicide, or homicide?	Date of Injury, 19_
Stete or country)	emsplains	Where did Injury occur?(Specify of the	s tours south as I Court
17. INFORMANT Sayalv.	reaco	(Specify city of Specify city of Specify whether injury occurred in INDUSTRY, in H	OME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 /2 ~ 2-	Manner of Injury	
Place At James Des	Dete 280, 5, 193/	- Nature of Injury	
19. UNDERTAKER Lemmy	tout Son.	24. Was diseese or injury In any way related to occu	pation of deceased?
(Address) Deany	de Grace ma	If so, specify	2-6
20. FILED Sec. 5 , 1937/6	Laren & John To &	(Signed)	· Cowan
	Registrar.	(Address) 3 67 Kerrence	n Haveke y

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į	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

WRITE PL

STATE OF MARYLAND	CERTIFICATE OF DEATH 13057
1. PLACE OF /DEATH	2mm
County Harland	Registration Dist. No. 185
17: 10: 1/41	1. As in the state of
Village or City (I) (II)	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Clayton, Sea	lero If U. S. Veteran, specify WAR
(a) Residence: No. Alexandra	St. Ward Dutside - abingdon nd.
(Usual place of abode)	If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Married	21. DATE OF DEATH December 27, 193.7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Racheal Pealser	22. I HEREBY CERT f FY, That I attended deceased from
COATE OF BIRTH (month day and man) Sent 1 18 75	l last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at 4.5. Pm.
6γ 3 γ/ 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, R. Fracksmann SAWYER, BOOKKEPPER, etc	Fracture & Kull
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation (month and spent in this occupation).	Henoroge of Brain
10. Date deceased last worked at this occupation (month and spent in this occupation deceased)	
12. BIRTHPLACE (city or town) Horford Co, Md (State or country)	Other Contributory Causes of importence:
13. NAME Steveson Peologie	
13. NAME Steves Cealsers 14. BIRTHPLACE (city or town) Maryland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ely. Boshops	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) maryland (Stete or country)	Accident, suicide, or homicide? ACCIDENT Date of injury 727, 19.37
(Stete or country)	Where did Injury occur? Parties along day mid (Specify city or town, county and State)
17. INFORMANT Stephen (. Calsely (Address) Esquered ms R. 7.0	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Ou Route 40 Public Highway
18. BURIAL, CREMATION, OR REMOVAL Place Ishu Wesley Chingdon one 30 1937	Manner of injury Fractures level
19. UNDERTAKER Howard K. Mc Courage Tow	24. Was disease or Injury in any wey related to occupation of deceased?
20 FILED Sec. 30 1937 Charles Joley M. J.	(Signed) & Whoore acting Coroner M.D.
Registrar.	(Address) Ifants de Graer

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1. PLACE OF DEATH		(32)	10-
County	ford of	Registration Dist. No.	185
Village or Cit Nacy	e de serce	The state of the s	St.,Wai
Length of residence in city or town	where death opporred yrs	(If death occurred in a horpital or institution, give its NAME instead of mos. ds. How long In U. S. if of foreign birth? yrs.	
2. FULL NAME John	u + Piere	U Juff U. S. Neberan, specify WAR	
(a) Residence: No. ale	er deen Me	St. Ward.	
(a) Residence.	(Usual place of abode)	If nonresident give city or	town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX 4. COLOR OF RAC	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word		4 193 7
5a. 11 married, widowed, or divorced	Marrie	(Month) (Day)	(/ear)
HUSBAND of	10. 80000	22. I HEREBY CERTIFY, That I	attended deceased from
6 70	cay reace	alle y 1931, to alle	1 19.3
6. DATE OF BIRTH (month, day, and year)	July 25. 186	2) I last saw hall slive on Aller 14	_, 19.3.7.; death is sa
7. AGE Years Mont	Days If LESS tha		
15	5 9 ormin.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	Date of one
Trade, profession, or particular kind of work done, as SPINNE	R. Farmer	De pop	
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	James	- Lyonbluse Jamens	ma
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A STATE OF THE REAL PROPERTY.		
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation	Me.	
12. BIRTHPLACE (city or town)	rivadose.	Other Contributory Causes of Importance:	-
(State or country)	Maryland	Alles lies - Terran	
13. NAME John	4 Plane	Semile Sebilit	7
14. BIRTHPLACE (city or town)	As a	Name of operation	Date ol.
(otate of country)	Maryland	What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NAME	bel ledy	23. I1 death was due to external causes (VIOL ENCE) fill in also the	e lollowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	10 0 1 0	Accident, suicide, or homicide? Date of Inju	ry, 19
(State or country)	Maryland	Where did injury occur? (Specify city or town, coun	
17. INFORMANT MO. S. Ma. (Address)	y Place DID	Specily whether Injury occurred in INDUSTRY, in HOME, or In P	UBLIC PLACE.
		Manner of Injury	
18. BURIAL, CREMATION, OR REMOVAL		37 Notario al Inform	
18. BURIAL, CREMATION, OR REMOVAL Place Alexandra	-cly Date Dec 17 -, 194	Nature of Injury	
Place Spessitio Con	Janing Mond		ceased?
18. BURIAL, CREMATION, OR REMOVAL Place for the second of	Janing Jans Lender md	24. Was disease or injury in any way related to occupation of dec	ceased?
Place Spessitio Co. 19. UNDERTAKER SSENSY,	Janing Hons Kerdeen Md	24. Was disease or injury in any way related to occupation of dec	ceased?

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Example I	9	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1938			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PL

ż

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13059
1. PLACE OF, DEATH	
County (tantor	Registration Dist. No. / 8
Village or City Mognitica	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
11101100	ds. How long in U.S. iI ol loreign birth?yrsmosds.
2. FULL NAME WELLIAMS CHOP. 188	If U. S. Veteran, specify WAR
(a) Residence: No. Wo GW (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / >
make or DIVORCED (write the word)	NEC 11 193 7
5e. If married, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND OI CONTROL WIFE OF CHICKENSON	22. I HEREBY CERTIFY, That I ettended deceased Irom
11.11.	, 19, 10, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days II LESS than	I last saw h alive on, 19, death is seid to have occurred on the dete steted above atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ra Trade profession or particular	were as follows: Date of one of
8a Irede, profession, or particular kind of work done, es SPINNER, Latoyel.	n +
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and the spent in this co	Colum- Murosis
SAW MILL, BANK, etc.	a 1 1 1 4 4 0
10. Date decessed last worked at this occupation (month and 1930 spent in this year)	Curena Tamo magr
4.1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryllwo (State or country)	
A A A	
H	
(State or country)	Name of operation
15. MAIDEN NAME (Cachuse Calls	Whet test confirmed diagnosis? Was there an autopsy? 23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cachuse Gills 16. BIRTHPLACE (city or town) Many Jan A	Accident, suicide, or homicide?
(Stete or country)	Where did Injury occur?
17. INFORMANT Thro Petters.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Maynika Ma	
18. BURIAL, CREMATION, OR REMOVAL / Place Fosters Hill. Date Dec 15 1937	Manner of Injury
,	Nature ol Injury
19. UNDERTAKER Howard K. McComas,	24. Was disease or Injury In any way releted to occupation of depeased?
(Address) Abingdon, Md.	If so, specify
20. FILED Dec 12, 1936 mily m Shaley	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The line with the last	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 4 1938	July 5,1927	Peritonitis	3 days ago
	PUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PL	ACE OF DEAT	гн	1 1/1/ (1)		
Co	ounty Kary	ford-			Registration Dist. No. 185
Vi	Hage or City 2	avre	telle	ace me	No. St., Ward
10	ngth of residence in cit	by as taus when	5		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
	5	7	1 P	Ws	
	LL NAME	sal-s		casin	If U. S. Veteran, specify WAR
(a) Residence: No9	- 446	(Usual place	of abote)	St., Ward. If nonresident give city or town and State
P	ERSONAL AN	D STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
Tem	ale re	lute		igle,	(Month) (Oey) (feer)
HUSI	ried, widowed, or divo BANO of	rced		1	22./ . I HEREBY CERTIFY. Thet I attended depeased from
(or)	WIFE of			V	Helman 1937 to Dec 31 of 1937
6. DATE (OF BIRTH (month, day	, and veer) Dr	well	17-1881	Hest sew har shoon Dec. 30 1937; deeth is sal
7. AGE	Yeers	Months	Oeys	If LESS then	to heve occurred on the date steted above, etm.
	5-6	9	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were a≤Tollows:
2 8. T	rede, profession, or pa	rticuler	-1		Date of one of
E	SAWYER, BOOKKEE	PER, etc	Touse	unge,	Lucial Caremomatrico
OCCUPATION 91	work was done, as S SAW MILL, BANK, 6	SILK MILL,		-0	Bearing the willian
) 10. D	ate deceesed last wor	ked et	11. Totel t	ime (years)	1341
9	this occupetion (mor	ikn and		upetion	Catha Canadhata Canadhata Chan
12. BIRTH	IPLACE (city or lown)	Havre	de S	rale	Other Contributory Causes of Importance:
(S	tete or country)	ma	rylan	d,	Phaslery
13. N	AME Mill	iam	At. The	asin,	
13. N	IRTHPLACE (city or to	wn) Hay	lede;	Grace	Neme of operation Oete of
	(State or country)	ne	any	and,	Whet test confirmed diegnosis? Wes there en autopsy?
15. M	AIDEN NAME &C	ester	1998	sell,	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
0 16. B	IRTHPLACE (city or to	wn) o Car	rede	Treale	Accident, suicide, or homicide? Oete of Injury, 19
-1	(Stete or country)	n	ary	and,	Where did Injury occur? (Specify city or town, county and State)
17. INFOR		ussell	- Maa	our,	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	L CREMATION, OR F	EMOVAL	- ore	ce ma	Manner of Injury
	eco augel	Hill	Dete Jac	~ 3,1938	Neture of injury
	B	111	Hus	el .	24. Wes disease or injury In any wey releted to occupation of deceesed?
19. UNDE	RTAKER . Address)	re de	Illras	e ma	If so, specify
00 50 50	A 3	38 64	1 . 0 1	2. l. rix	(Signed) / Amus 36, / Day M
20. FILED	Jan. 3	19-12	The year	Registrar.	(Address) John Dr Tipe Wil
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

stated EXACTLY. be properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

SACSE OF DEATH in plain terms, so that it may

ration should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 5 1918			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			1 year

N. B.—WRIT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-21
County Starford alle	Registration Dist. No. 18
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrs	
Unill' Milton	1×V
2. FULL NAME Sugar Multon orn	If U. S. Veteran, specify WAR
(a) Residence: No. addiss - Warlington (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE, MARRIED, WIDOMED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 1937 (Year)
5a. If married, widowod, or divorced HUSBAND of (or) WHEE-of Samuel Smith	22. I HEREBY CERTIFY, That i themetal deceased from
0/-1/2/901	193 193 195
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said to have occurred on the date stated above, at / A_m.
上 ¬	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Raborus SAWYER, BOOKKEEPER, etc.	distation I the heart. The
kind of work done, as SPINNER, Aaboure SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, A FORM SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and this occupation (month a	deceased died without the
SAW MILL, BANK, etc. 11. Total time (years) 4.	benefit I medical attend
this occupation (month and 1937) spent in this occupation occupation	auce he was structuren
Amound Co	the the the the of importance:
12. BIRTHPLACE (eity or town)	0 t 2 l
E 13. NAME Henry Smith	Ocute myocarditis. Duration: lisknown.
E Shanland Co	Name of operation
14. BIRTHPLACE (city or town) (State of town)	What test confirmed diagnosis? Was there an au'opsy?
W 15. MAIDEN NAME Mary Shrippes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Shringar 16. BIRTHPLACE (city or town) Torrand Co.,	Accident, suicide, or homicide?
∑ (State = county)	Where did injury occur?
17. INFORMANT Milton Smith (Address) Derlington	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place Stokanna Cem. Date Nuc. 16, 1937	Nature of injury.
19 UNDERTAKED St. Sailey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darlington Md.	If so, specify
20. FILED Dec. 15, 1937 Busha B. Kriight	(Signed) Agwild Cottour M. D. (Address) Tars do Jure Lud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. Jones

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The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE FOREIGN ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	UAN 5 1909	July 5,1927	Peritonitis	3 days ago
	BURRAU V. S.	18		
Other contributory ca	uses of importance:	and the second	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

V. S. No. 1 N. B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WHITE PLANLY, WITH CNFADING INK -THIS IS A PERMANENT REC TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F)
County THarford	Registration Dist. No. 185
Village or City	No Havre de Seace P.7 LSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Herry Smit	If U. S. Veteran, specify WAR
(a) Residence: No. Have de Musice X. 7. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH_
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Loury	193), to 26, 193
6. DATE OF BIRTH (month, day, and year) 12/26/57	I last saw h land alive on A The 19.2; death is said
7. AGE Years Months Days If LESS than I day, A hrs.	to hava occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked at this occuration (much and this programme) and the second last worked at this programme in this second last worked last last worked last worked last last worked last last worked last last worked last last last last last last last last	Manualus Date of onset
SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation At the second	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Hermen Suit	
14. BIRTHPLACE (city or town)	Name of operation Data of Data of
(State of County)	What test confirmed diagnosis? Lewis Mas there an autopsy?
15. MAIDEN NAME Mary Howey 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mes August Sugett	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date 2.8137	Mannar of injury
19. UNDERTAKER Elice & Dellack Address 356 Lewis St. Havedes	24. Was disaasa or injury In any way related to occupation of deceased?
20. FILED ld. 28, 1937 Charles J. Toley M. D. Registrar.	(Address) Han & Frace Med.
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Chronic interstilial nephritis IAN = 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE

S. No.

(State or country)

16. BIRTHPLACE (city or town

15. MAIDEN NAME

(Address)

MOTHER

very important.

TION is

122 QUEPGEAT I LIMIT

	(31)	
	Registration Dist. No. 183	
	No. Bel-ai rood St. Wa	-d
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	Iu
mos.		ds.
	If U. S. Veteran, specify WAR	
	St., Ward. If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	_
D,	21, DATE OF DEATH	_
9	Jan 28 193 7	
_	(Month) (Day) (Year)	
2	22. I HEREEN CERTIFY, Thet i attended de sed fr	om
1	Day 2 7-193) 10 Dz 28-197	5
		ala.
an	110	110
_hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
l.	were as follows:	et
	AD AA	
	Obsome Werstelland	
	Jan 11 1	
	Marine	
	04-0-0-13-4-0	
	Other Contributory Causes of Importence:	
	WENG -	
	7/10-1	
	Name of operation Dete of	
	Whet test confirmed diegnosis? Alexand. Was there an autopsy? A	10
111	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:	
	Accident, suicide, or homicide? Date of injury, 19	
	Where did injury occur?	
	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
	Manner of Injury	
37		
U	Neture of injury	
en	24. Wes disease or injury in any wey related to escupetion of deceesed?	
ed	if so, specify	
rias	(Signed) T. Meller	0.
ar.	(Address) Harry & Fine yes	L
icte en	Acro N. Charles Course B. Leiner B. 1971 C 37	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registr

if LESS t

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ago
JAN 5 928			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY PHY	YSICIAN
------------------------------------	--------------	---------

AGE should be stated EXACTLY. PHYSICIANS should state

USE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

10N is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Harford	Registration Dist. No. 182
Village Dr City Belan	NoSt., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whara daath occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joby Jaylor	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended dacassed from
(or) WIFE of	Dec 12 182 to Dec 12 1932
6. DATE OF BIRTH (month, day, and year) Age. 12, 1937	I last saw hear alive on Dec 12 19.37; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1115Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Remaline Duth
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
No I rade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaasad last worked at this occupation (month and years) 11. Total tima (years) spent In this occupation	
12. BIRTHPLACE (city or town) Belan	Other Contributory Causes of importance:
(State or country)	
13. NAME thas dance	
13. NAME CLAS TOLERS 14. BIRTHPLACE (city or town) MA.	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Clerquie Doylor 16. BIRTHPLACE (city or town). Bul grown (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Bul Qui	Accident, suicide, or homicide? Date of Injury, 19
E (Stata or country)	Whera did injury occur?
17. INFORMANT Chycus Doylor (Addrass) Tel an Hid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
at Mother Home Data Dec 13, 19 37	Nature of injury
18. UNDERTAKER. The Father Belain and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec 13, 1997 nc Richardson. Registrar.	(Signed) Wellard P. Heldson, M. D. (Address) Frest Well Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	THE LET'S	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

	Ξ		EX
DISTRICT AND TOTAL PROPERTY AND ASSESSMENT OF THE PARTY O	B-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex
1	IS A	stated	proper
1	HIS	be	pe
7 1 27	NK-TI	should	it may
	ING I	AGE	that
	UNFADI	upplied.	terms, so
	WITE	efully s	in plain
1	ATNIX,	d be car	DEATH
	RITE PL	ion shoul	USE OF
	NI S	大事	Tra)

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state Exact statement of OCCUPA-

STATE (OF I	MARYI	AND-	CERTIFIC	ATE	OF	DEATH
SIAIL		MALIF	AIND	CLIVIII IC	AIL		DEALD

- 10	B &	10	13	-	
- 1	. 5	13	P.	1 3	
1	0	1)	V	3	

1. PLACE OF DEATH	- Par 1
County Harford	Registration Dist. No. /8
Village or City / Keroleen	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	deal declined in a hospital of institution, give its tyAlvie instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Clasa Thomas	If U. S. Veteran, specify WAR
(a) Residence: No. Zaw M.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH (Month) (Day) (Pay)
5a. If married, widowed, or dispress WiseAMD of (or) WIFE of Livery Thromas	22. I HEREBY CERTIFY. The I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 2" 1870	I last saw h alive on Occ / 4, 1937; geath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etc. 200 G.m.
67 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
SAWYER, BODKKEEPER, etc.	effeticame.
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (morth and this population (morth and this popul	Endo cardilo
- I spent in this	Auch Tarenely/lephritis
year)occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
and the second second	
E POCCOSTA CONTRACTOR	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malvena Gladlen 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Callert of homesty (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trong Date Date 16 , 1927	Neture of injury
19. UNDERTAKER Steney Jarring Stones (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec. 16, 1987. O.C. Midlack Registrar.	(Signed) (Signed) M. D.
a, more viantes are necueu, address Slate Registrar,	2422 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
M M MOVE V. D. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	B_WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
rk	NT RECO	LY. PH	I. Exact	
SINDING	ERMANE	EXACT	classified	e.
FOR E	S IS A PI	stated]	properly	certificat
ARGIN RESERVED FOR BINDING	NK-THIS	should be	it may be	TION is very important. See instructions on back of certificate.
GIN RE	ADING I	ed. AGE	s, so that	tructions of
AR	ITH UNF	lly supplie	plain term	See inst
	MLY, WI	be careful	ATH in I	mportant.
1	TE PLA	plnous u	SE OF DE	is very i
S. No. 1	B_WRI	matio	CAU	TION

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13066
1. PLACE OF DEATH	(6)
Village or City a becker	Registration Dist. No
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Classton t. Trace	
(a) Residence: No. 3 3 0 6 alto RS. Balto.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
lat 1	, 19, to, 19, 19
7. AGE Years Months Days If LESS than	I last saw h elive on, 19; death is said to have occurred on the date stated above, at 11
68 3 11 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 wade profession or particular	Date of onset
kind of work done, as SPINNER, Described SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata daceased last worked at this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in this occupation (month and control of the second in th	Vistal Blot in Treas
9. Industry or business in which drites P. P. work was done, as SILK MILL, SAW MILL, BANK, etc.	self injution
10. Oata daceased last worked at this occupation (month and pear) spent in this year) year)	
12. BIRTHPLACE (city or town). Lifen Pack	Other Contributory Causes of importance:
(State or cogntry) Pegusylvine	
13. NAME Deorge Trans	
13. NAME Reorge Transf 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Deserte Cramer 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? aberdeen md. Harlord
17. INFORMANT & dua Pretynians (Address) 3306- alto Oca Balto.	(Specify city or fown, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placeho Marie Seuelexpateh 22. 20, 1937	Nature of injury
19. UNDERTAKEN LEWY Jakeny Y Jours	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO FILE 20, 1987. Q.C. Michael Registrat.	(Signed) Frault Laurence Corror M. D.
Registrat.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1000	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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E.

(Address)

Ward

Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at
lar PINNER, etc	For	w	Right humplegen follows
Aum.	spa	time (years) ent in this expation	Other Contributory Canses of Importance: Chimany sause: Carebral hemorrhage. CuyR
(y	2		Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
my fr	e Me	oris	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
YAL Grace	Date Q	C/9 ,1937	Manner of injury
7 The	12h	Fa Frun Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)
If more b	lanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street our 9 340	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•		THE CEIVER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state AD. Every item of inforof OCCUPA. stated EXACTLY. PHYSICIANS Exact statement CNFADING INK-THIS IS A PERMANENT RE be properly classified. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important.

ARGIN RESERVED FOR BINDING

WRITE PLA

V. S. No

WIN CORPORAT LIMITS OF CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Harford,	Registration Dist. No. 185
Village or City of Gure de Grace,	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME trank of. Verille (a) Residence: No. 7/7- north Stoken (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH Security (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Thet I ettended deceesed from 10.7 2.5 1937, to December 1, 1937. I last saw have ellipse on December 1, 1937; deeth is seid
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Days If LESS then	I last saw h
5 - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupetion (month and year) occupetion	(Burth weight 2 lbs)
12. BIRTHPLACE (city or town) Have de Grale (State or country) marshand.	Other Contributory Causes of Importance:
13. NAME Tour Verille. 14. BIRTHPLACE (city or town).	Neme of operation
(State or country) / Lewis frame.	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Elma Colouson	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Elma Columbia 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME Lua Columbia Accident, sulcide, or homicide?	
(Address) Nave def Grace, md 18. BURIAL, GREMATION, OR REMOVAL	Menner of injury
19. UNDERTAKER Seminalynt Son: (Address) Larre de Trace and	Neture of Injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Dec. 1 , 1937 Blacker J Holey M. D. Beistrar.	(Signed) Types Wollech M.D. (Address) Laure do free his.
If more blanks and seeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	H	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.	l t				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

D. Every item of infor-

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

of certificate.

See instructions on back

FION is very important.

(Address)

10 -1937

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AUSE OF DEATH in plain terms, so that it may

tion should be carefully supplied.

WRITE PL.

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V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13060
1. PLACE OF DEATH	Ted 181
County Tayong	Registration Dist. No. 10/
Village or City near Churchelle 1	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 80 yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME // Wary a, Tarela	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Anite 5. SINGLE MARRIED, WIDOWED, ORDIVORCEU (1917)	21. DATE OF DEATH (Month) (Day) (Pear)
Fig. 1f married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That I attended deceased from 1934 to Die 9 1937
5. DATE OF BIRTH (month, day, and year) Moy 7 1867 T. AGE Years Months Ways 1 If LESS than	I last saw hur_alive on
80 7 2 I day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER. However SAWYER, BOOKKEEPER, etc.	Pernecisus
9. Industry or business in which work was done, as SILK MILL, Attornal SAW MILL, BANK, etc	arening
10. Date deceased last worked at this occupation (month and 1935) 11. Total time (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Starford Co. (State or country)	Other Contributory Causes of importance:
13. NAME James B. Wakeland	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Subantification of the state	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Reba Wagner (Address) aberdeen ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR TEMOVAL Com Date Wec, 12, 1937	Manner of injury
10 HADEDTAKED ST. S. Bailey	24. Was disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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No. 1	B.—W ma CA TIC
V. S. No. 1	ZU

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	B DEATH
County Harford	Registration Dist. No. / S
Village or City Havre de Grace	ND. Grelin St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Baty Walker	If U.S. Veteran specify WAR
(a) Residence: No. Burns april #15 (bual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED ("spring the word) That	21. DATE OF DEATH Sex. 75 (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Dec 25 1032	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw h; death is said to have occurred on the date stated above, atm.
1 day 4 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Genetice Sixth
1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) I favre de Brace	Other Contributory Causes of importance:
(State or country)	
13. NAME Jarry 4. Walker 14. BIRTHPLACE (city or town) / Laure de Brace (State or country)	
14. BIRTHPLACE (city or town) 14. City or town) 15. City or town) 16. City or town) 17. City of the ci	Name of operation
15. MAIDEN NAME Sarah Lawrence	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Sarah Lawrence 16. BIRTHPLACE (city or town) Stave de Graa (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT of Karry a. Walker (Address) Ofgote de Grace Und.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place angul True Date Wile 74, 193/	Nature of injury
19. UNDERTAKER 11. Madison Mitchell (Address) Dravic de Brace Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED De 2 6 , 1937 Charles J. Folly M.D. Registrar.	(Signed) Charles toley M.D. (Address) Hare de Grass M.S.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 5 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

nation

OCCUPA-

should

death is said

Date of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

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Gallstones	May 1,1923	Gastroenteritis	1 year